

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morgham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 AUG 22 AM 7:45

DOCUMENT # A95000001003

1. Name of Limited Partnership  
Senate Square Associates, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address: Richard J. Razook, Thomson Muraro Razook & Hart, P.A. One S.E. 3rd Ave.,  
3. Principal Office Address: P.A. One S.E. 3rd Ave.,  
4. Date Formed or Registered To Do Business in Florida: 7-3-95

Suite, Apt. #, etc.: S.E. 3rd Ave., Suite 1700  
5. FEI Number: 65-0599736  
Applied For: Not Applicable

City & State: Miami, Florida  
6. CERTIFICATE OF STATUS DESIRED  See Additional Fee required for a Certificate of Status

Zip: 33131 Country: USA  
7. State or Country of Formation: FLORIDA

8a. Capital Contributions as Shown on Record: \$900,000  
8b. Amount of Capital Contributions in FLORIDA to Date: \$900,000  
FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year plus the office.  
2.) Supplemental Fee(s): \$138.75 for each year due the office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year missed from a delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent: Richard J. Razook, One Southeast Third Avenue, Suite 1700, Miami, Florida 33131  
10. If changed, new registered agent/office: Name: N/A, Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL, Zip Code:

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): [Signature] DATE: 7/31/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Horizon Equities Corporation	7150 S.W. 62nd Avenue	Miami, Florida 33143	P94000047127
			500002276675--7 -08/25/97--01163--013 ***1050.00 ***1050.00
			REINSTATEMENT 97 AUG 22 AM 7:45 dec
			500.00 437.50 103.75 8.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: [Signature] DATE: 8.4.97

Typed or Printed Name of General Partner Signing Form: JEFF LANE Telephone Number: (305) 350-7200